

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION45 Fremont Street, 31st Floor
San Francisco, CA 94105

ADDRESS REPLY TO:

P.O. Box 420603
San Francisco, CA 94142

To: All Claims Administrators Date:

December 30, 1998

From: Casey Young
Administrative Director

Re: Workers' Compensation Information System

As you know, the Division of Workers' Compensation is implementing a Workers' Compensation Information System. The Division has proposed regulations which require that all claims administrators provide specified data to the WCIS electronically.

While DWC has made every effort to develop a flexible system that will allow each claims administrator to submit required data in a manner most consistent with its own systems, we recognize that each of you will have specific issues and questions related to implementation. We anticipate that many of these issues will be addressed in the context of a Trading Partner Agreement between DWC and each individual claims administrator.

In order to facilitate the implementation of Trading Partner Agreements, I am requesting that each of you **fill in the attached WCIS Contact Information Form and return it to DWC by January 21, 1999.** Please identify the one individual in your organization who will be responsible for coordinating transmission of information about WCIS to each of your claims administering locations, and the one individual who will be responsible for the technical implementation of WCIS within your organization.

Additionally, DWC will be offering a special five-hour training session on WCIS implementation at its Annual Conference, scheduled for February 18 in Oakland, and February 25 in Burbank. I encourage you to register your technical staff to attend this training.

We are looking forward to working with you as we implement the WCIS.

Please return the attached form **by January 21, 1999**, to:

Division of Workers' Compensation
Workers' Compensation Information System
45 Fremont St. Room 3130
San Francisco, CA. 94105

or

Download the form from the DIR website at
[http://www.dir.ca.gov/dir/Workers' Compensation/DWC/whatsnew.htm](http://www.dir.ca.gov/dir/Workers%20Compensation/DWC/whatsnew.htm)
and e-mail to: WCIS@hq.dir.ca.gov

**Division of Workers' Compensation
Workers' Compensation Information System**

Contact Information Form

Claims Administrator Name: _____

Organizational Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Technical Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Is your organization currently transmit claims information electronically to any other jurisdiction? _____ yes _____ no
If yes, please list jurisdictions:

Does your organization currently contract with a VAN vendor in any other jurisdiction?
_____ yes _____ no
If yes, which VAN vendor(s)? _____

Does your organization currently receive either the Employer's First Report or Doctor's First Report electronically?
Employer's First Report _____ yes _____ no
Doctor's First Report _____ yes _____ no
If yes, with which vendors, if any, do you contract? _____

How many claims administration locations does your organization operate in California?

What was the total claims volume for your organization in CA. this calendar year? _____

Please return this form by January 21, 1999 to:

**Workers' Compensation Information System
45 Fremont St., Rm. 3130
San Francisco, CA 94105**